

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35434

State File No. 171

Registrar's No. 171

FILED NOV 5 1952

BIRTH NO.

REG. DIST. NO. 155

PRIMARY REG. DIST. NO. 3127

171

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, write RURAL and give town or township)

Webb City

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY (If outside corporate limits, write RURAL and give township)

Webb City

0472

d. FULL NAME OF HOSPITAL OR INSTITUTION

Jane Chinn Hospital

d. STREET ADDRESS (If rural, give location)

402 N. Penn. St.

3. NAME OF DECEASED (Type or Print)

a. (First)

Grace

b. (Middle)

Elizabeth

c. (Last)

Lindsay

4. DATE OF DEATH

(Month)

(Day)

(Year)

Oct.

27,

1952

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 15, 1872

9. AGE (in years last birthday)

80

10. IF UNDER 1 YEAR

Months

Days

3

12

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Sanchusky, Ohio

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Augustus Reister

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Don Brown

ADDRESS

402 N. Penn. St. Webb City, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

Terminal Pulmonary Edema.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Chronic Myocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

2 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4221

20. AUTOPSY?

YES ☐NO ☒

21a. ACCIDENT SUICIDE HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1952, to Oct 27, 1952, that I last saw the deceased alive on Oct 26, 1952, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

10-29-52

24c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

24d. LOCATION (City, town, or county)

Webb City, Mo.

(State)

DATE REC'D BY LOCAL REG.

10/28/52

REGISTRAR'S SIGNATURE

Mrs. Madeline O. Switzer

25. FUNERAL DIRECTOR'S SIGNATURE

Johnston-Arnce-Simpson, Webb City, Mo.

ADDRESS

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-3-52
Jasper County Health Office

County File Number 52/11/843

Date Filed 11-3-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harvey E. Gince*

Licensed Embalmer No. 4465

P. O. Address *Well City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.